

# SELF-CERTIFICATION OF TRANSPORTATION PROVISIONS FOR CENTERS

Michigan Department of Human Services  
Bureau of Children and Adult Licensing  
Child Care Licensing

Center Name		License Number
Address	City	Zip Code

## **RULE 603/604 MOTOR VEHICLES**

Type(s) of vehicle used and manufacturer's rated seating capacity:			
Do vehicle seats used by passengers face forward?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Are passenger areas kept free of loose, heavy objects?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Enter date(s) of last vehicle inspection for each vehicle used and inspecting authority:			
Statement on file verifying vehicle(s) with a rated seating capacity of 10 or fewer complies with the Michigan vehicle code safety equipment requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Where are vehicle records kept on file?			

## **RULE 605/606 SAFETY EQUIPMENT**

**\*Applies only to vehicles w/capacity of more than 10 occupants**

Does each vehicle carry the following equipment?			
Three bi-directional emergency reflective triangles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Properly cased and securely stored in the driver's compartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securely stored and accessible in the driver's compartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Three red burning, 15 minutes fuses or battery operated substitute?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Properly cased and mounted in driver's compartment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*A minimum 2A 10BC Fire Extinguisher?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Mounted in an accessible place in driver's compartment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **RULE 607 RESTRAINT DEVICES; SAFETY BELTS**

Is vehicle exempt from Federal Government requirements for passenger safety belts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are infants up to one year of age, or 35 lbs., appropriately secured in a federally approved infant safety seat that is rear-facing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are children 1 to 8 years of age appropriately secured in a federally approved forward-facing convertible seats or a booster seat?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is each restraint device properly anchored and used according to manufacturer's specifications?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety belts available for each child 8 years and older?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do children share safety belts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is driver restrained by seat belt?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are adult passengers restrained by safety belts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all safety belts and restraint devices in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### **RULE 610 VEHICLE OPERATOR**

Does each driver hold a valid operator or chauffeur's license with proper endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is each driver at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required, does each driver have a valid CDL license with the proper endorsement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does each driver have a personal driving record with no more than 6 active points as determined by the Secretary of State?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last determination.	Where is this information maintained on file?		
Does each vehicle have valid insurance and registration?			
Is the driver familiar with contents of First Aid Kit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the drive familiar with operation of fire extinguisher?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the driver provided with a copy of the child information card for each child being transported?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### **SIGNATURES**

Signature of Transportation Provider's Authorized Representative	Date
Transportation Provider (If Other Than Sponsoring Organization)	Date
Signature of Licensee's Representative	Date